MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

10/591772

FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

CLAIMS

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ™ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	0	←	7	(0	4
TOTAL CLAIMS	0		9		0	

	AS FILED IND. DEP.		AFTER		AFTER	
			1"AMENDMENT		2 MAMENDMENT	
51	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	0	- ■	0	- ■	0	•
TOTAL DEP.	0	(-	0	4	0	4
TOTAL CLAIMS	0		0	SPIS NE	0	

PTO - 1360 (REV. 04/2007)

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